10/689,635

CLAIMS AS FILED — PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
			RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))				$ ___	OR		$ ___
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	·	x $ 25 =		OR	x $ 50 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	·	x $ 100 =		OR	x $ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ $ 180 =		OR	+ $ 360 =	
			TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED — PART II

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
					RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT A 2/3/06 Total (37 CFR 1.16(c))	40	Minus	72	= 1	x $ 25 =		OR	x $ 50 =	
Independent (37 CFR 1.16(b))	5	Minus	12	= 1	x $ 100 =		OR	x $ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ 180 =		OR	+ $ 360 =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
					RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT B Total (37 CFR 1.16(c))	·	Minus	··	=	x $ 25 =		OR	x $ 50 =	
Independent (37 CFR 1.16(b))	·	Minus	···	=	x $ 100 =		OR	x $ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ 180 =		OR	+ $ 360 =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
					RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT C Total (37 CFR 1.16(c))	·	Minus	··	=	x $ 25 =		OR	x $ 50 =	
Independent (37 CFR 1.16(b))	·	Minus	···	=	x $ 100 =		OR	x $ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ 180 =		OR	+ $ 360 =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2